OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA CABG OUTCOMES REPORTING PROGRAM
ABSTRACT REPORTING FORM

For use with discharges on 1/1/08 and after

Instructions: For a description of the data elements, refer to the appropriate section of CCORP Data Regulations (Sections 97170 through 97198, Title 22, California Code of Regulations)

Medical Record Number

Isolated CABG Yes / No

Date of Surgery (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy)

Patient Age

Sex ☐ Male ☐ Female

Race (*select **all** that apply*)
White Yes / No
Black Yes / No
Other Yes / No
Asian Yes / No
American Indian/Alaskan Native Yes / No
Native Hawaiian/Pacific Islander Yes / No

Date of Discharge (mm/dd/yyyy)

Discharge Status Alive / Dead

Date of Death (mm/dd/yyyy)

Hispanic/Latino Ethnicity Yes / No

Responsible Surgeon Name - Last

Middle Initial

Responsible Surgeon Name - First

Responsible Surgeon CA License Number

HT (cm)	**WT** (kg)	**Diabetes**	**Hypertension**	**Infectious Endocarditis**	**PVD**
.	.	Yes / No	Yes / No	Yes / No	Yes / No

CVD	**CVD Coma**	**CVD TIA**	**CVD NonInv >75%**	**CVD PrCarotid**	**CVA** Yes / No	**CVA When**
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No		Recent (<=2 wk.) / Remote (>2 wk.)

Chronic Lung Disease	**Immunosupressive Tx**	**Dialysis**	**Last Creatinine Level**
No / Mild / Moderate / Severe	Yes / No	Yes / No	**Preop** (mg/dl) .

Previous CABG	**Previous Valve**	**Prior PCI**	**PCI Interval**
Yes / No	Yes / No	Yes / No	<= 6 Hours > 6 Hours

Prev MI Yes / No	**MI Timing**	**Heart Failure**	**NYHA Classification**
	<=6 Hrs / >6 Hrs but <24 Hrs / 1 to 7 Days / 8 to 21 Days / >21 Days	Yes / No	Class I / Class II / Class III / Class IV

STS CardShock	**Resuscitation**	**Arrhythmia**	**Vtach/Vfib**	**Third Degree HB**	**Afib/Aflutter**
Yes / No	Yes / No	Yes / No	Yes / No	Yes / No	Yes / No

# Diseased Coronary Vessels	**Left Main** (% Stenosis)	**EF Done**	**EF** (%)	**EF Method**
None / One / Two / Three		Yes / No	.	LV Gram / Radionucleotide

Mean PA Done	**PA Mean (mm Hg)**	**Mitral Insufficiency**	**EF Method**
Yes / No	.	None / Trivial / Mild / Moderate / Severe	ECHO / Estimate
			MRI-CT / Other

Incidence First cardiovascular surgery / First re-op cardiovascular surgery / Second re-op cardiovascular surgery
Third re-op cardiovascular surgery / Fourth or more re-op cardiovascular surgery

Status of Procedure
Emergent Salvage / Emergent / Urgent / Elective

Emergent Reason
Shock Circ Support / Shock No Circ Support / Pulm Edema / AEMI
Ongoing Ishchemia / Valve Dysfunction / Aortic Dissection
Angiographic Accident / Cardiac Trauma

CPB Utilization
None / Combination / Full

CPB Utilization-Combination
Planned / Unplanned

Cardioplegia
Yes / No

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NOTES:

Revised 03/12/2008

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Internal Mammary Artery(ies) Used as Grafts Left IMA / Right IMA / Both IMAs / No IMA	**Radial Artery Used** No Radial / Left Radial / Right Radial / Both Radials
Left Anterior Descending Artery Bypassed Yes / No	

Valve Done	**Aortic Valve**	**Mitral Valve**	**Tricuspid Valve**	**Pulmonic Valve**
Yes / No	No Replacememt Repair/Reconstruction Root Reconstruction Rplcmnt + Aortic Graft Root Rcnstrctn Resusp AV w/ Rplcmnt AA Resusp AV w/o Rplcmnt AA Resctn Sub Aortic Stenosis	No Annuloplasty only Replacement Reconstrc w/ Annulo Reconstrc w/o Annulo	No Annuloplasty only Replacement Reconstrc w/ Annulo Reconstrc w/o Annulo Valvectomy	No Replacement Reconstruction

Reoperation for Bleed/Tamponade Yes / No	**Reoperation for Graft Occlusion** Yes / No	**Deep Sternal Wound Infection** Yes / No
Postoperative Stroke >24 Hours Yes / No	**Continuous Coma >=24 Hours** Yes / No	**Prolonged Ventilation** Yes / No
Postperative Renal Failure Yes / No	**Postop Dialysis Requirement** Yes / No	**Postop Atrial Fibrillation** Yes / No

OSHPD Facility ID Number
